									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003										_			
				106	88	3 4	79/						
CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHER	THAN	
(Column 1) (Column 2)							1	TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			36					RATE FEE]	RATE	FEE	
FO	R		NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			36 minus 20=		. \ 6			X\$ 9= \ \ \		OR	X\$18=		
IND	EPENDENT CL	AIMS	minus 3 =		<u> </u>	• \		X43= C43		OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PF	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	. 577	<u>O</u> R	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER		
	<u> </u>	(Column 1)	1	(Colun		(Column 3)		SMALI	LENTITY	OR	SMALL		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.36	Minus	- 54	6	=		X\$ 9=		OR	X\$18=		
ME	Independent	. 5	Minus	··· 6				X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEP			ENDENT	CLAIM			+145=		OR	+290=		
								TOTA	L		TOTAL		
i		*	ADDIT. FE		OR	ADDIT. FEE							
	(Column 1)			(Column 2) (Column 3)			l r		ADDI-	1		ADDI-	
NT B	•	REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	**		*		X\$ 9=	T .	OR	X\$18=		
ME	Independent	*	Minus	***	•	=	lt	X43=		OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						l	-445		1	+290=		
								+145=		OR	+29U=		
									E	OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER :	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	:	=		X\$ 9=		OR	X\$18=		
ME	Indep ndent	•	Minus	***		e .		X43=	1	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un	·		
+145=										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
***	If the *Highest Nur The *Highest Num	mber Previously Pa nber Previously Paid	uid For" IN THIS d For" (Total or	S SPACE is Independe	s tess tha ent) is the	n 3, enter 73." highest number	r four	nd in the a	ppropriate bo	x in co	lumin 1.	•	